

1 Code:
2 (Your name) _____
3 (Address) _____
4 (Telephone) _____

In Proper Person

6 IN THE _____ JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

7 IN AND FOR THE COUNTY OF _____

9 In the Matter of the Guardianship)
of the Person only)
10 Estate only)
11 Person and Estate)
of:)
12 _____)
13 _____)
14 _____)
15 _____)
16 A(n) Minor.)
 Adult.)
17 _____)

CASE NO. _____

DEPT. NO. _____

18 **AFFIDAVIT OF PETITIONER REGARDING MEDICAL CERTIFICATION**

19 STATE OF NEVADA)
20)
21 COUNTY OF _____)

22 (Petitioner's name) _____, being first duly sworn according
23 to law, deposes and says:

- 24 1. That I am the petitioner in this case.
25 2. That I have tried to obtain a physician's certificate regarding the proposed ward's
26 health. I have done this by (explain what steps you have taken to get the certificate)

27 _____
28

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

3. That I have not been able to get the certificate from the doctor.

DATED THIS ____ day of _____, _____

(Signature)

SIGNED and SWORN to before me by (Petitioner's name) _____

on the ____ day of _____, _____.

NOTARY PUBLIC

OR

DEPUTY CLERK

///
///
///
///
///
///
///
///
//